

11-15-00

A

JC813 U.S. PTO
09/710227
11/10/00

PATENT

Docket No. 16790-6411

Date

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this 10 Nov '00 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EL530609085US addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231.

R. Haferkamp
(Type name of person mailing paper)

[Signature]
(Signature of person mailing paper)

NOTE: Each paper or fee referred to as enclosed herein has the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 CFR 1.10(b).

Box Patent Application
Assistant Commissioner of Patents
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Ewing B. Gourley

For : METHOD AND APPARATUS FOR PROCESSING PHARMACEUTICAL ORDERS TO DETERMINE WHETHER A BUYER OF PHARMACEUTICALS QUALIFIES FOR AN "OWN USE" DISCOUNT

Enclosed are:

1. Benefit of Prior U.S. Application (35 USC)

 The new application being transmitted claims the benefit of a and enclosed is added page for new application transmittal where benefit of a prior U.S. application claimed.

2. The Papers Required For Filing Under 37 CFR 1.53:

<u>26</u>	Pages of Specification
<u>1</u>	Pages of Abstract
<u>11</u>	Pages of Claims
<u>10</u>	Sheets of Drawing

 X formal informal

In addition to the above papers there is also attached:

 X Pages of an Amendment
 Return Receipt Postcard
 Information Disclosure Statement with copies of references.

3. Declaration or oath

☒ Enclosed 3 pages
☒ Newly executed (original or copy)
☐ Copy from a prior application (continuation/divisional with page 5 of 5 completed)
☐ Deletion of Inventor(s) (signed statement attached deleting inventor(s) of prior application)
☐ Not enclosed

4. Inventorship Statement

The inventorship for all the claims in this application are:

☐ the same

OR

☐ are not the same and an explanation, including the ownership of the various claims at the time the last claimed invention was made, is submitted.

5. Language

☒ English ☐ Non-English

A verified English translation of the

[check applicable item(s)]

☐ specification and claims

☐ declaration

is attached.

6. Assignment

☒ An assignment of the invention to Health Resources, USA, L.L.C.

☒ is filed under separate cover sheet

☐ was filed in the prior application

☐ will follow

7. Certified Copy

(Country) _____ (Application No.) _____ (Filed) _____

from which priority is claimed

☐ is attached

☐ will follow

8. Fee Calculation

CLAIMS AS FILED

	Number Filed	Provided with Basic Fee	Number Extra	Rate	Basic Fee \$710
Total Claims	61	20	41	X \$18.00	\$ 738.00
Independent Claims	4	3	1	X \$80.00	\$ 80.00
Multiple Dependent Claim(s), if any	0	0	0	X \$270.00	\$.00

Amendment canceling extra claims enclosed

Amendment deleting multiple dependencies enclosed

Fee for extra claims is not being paid at this time

Filing Fee Calculation

\$1,528.00

9. Small Entity Statement

X verified statement that this is a filing by a small entity under 37 CFR 1.9 and 1.27 is attached.

Filing Fee Calculation (50% of above)

\$764.00

10. Fee Payment Being Made At This Time

X Enclosed

X basic filing fee

Total fees enclosed

\$ 764.00

\$ 764.00

11. Method of Payment of Fees

X check in the amount of \$ 764.00

12. Authorization to Charge Additional Fees

X The Commissioner is hereby authorized to charge the following additional fees which may be required to Account No. 18-1829;

X 37 CFR 1.16 (filing fees and presentation of extra claims)

X 37 CFR 1.17 (application processing fees)

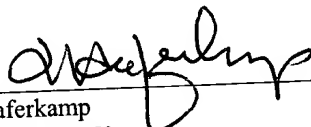
 37 CFR 1.18 (issue fee at or before Mailing of Notice of Allowance, pursuant to 37 CFR

1.311(b).

13. Instructions As To Overpayment

X credit Account No. 18-1829

14. Correspondence Address



R. Haferkamp
Reg. No. 29,072
HOWELL & HAFERKAMP, L.C.
7733 Forsyth Boulevard
Suite 1400
St. Louis, Missouri 63105
(314) 727-5188